

# Professional Development Request



South Williamsport Area School District  
515 West Central Ave.  
South Williamsport, PA

17702  
Phone: 570-327-1581  
Fax: 570-326-0641  
www.swasd.org

Name \_\_\_\_\_

Date Submitted \_\_\_\_\_

## Attendee Information

Event Title \_\_\_\_\_

Event Sponsor \_\_\_\_\_

Location \_\_\_\_\_

Beginning Date \_\_\_\_\_

Ending Date \_\_\_\_\_

Briefly describe how the conference:

- Relates to your professional growth / role in the district
- Relates to district goals for teaching and learning

Sessions Attending

- Attach detailed Itinerary if necessary

## Estimated Costs (\$)

Lodging (\$) \_\_\_\_\_

Mileage (\$) \_\_\_\_\_

Substitute Cost (\$) \_\_\_\_\_

Meals (\$60/day max) \_\_\_\_\_

Registration (\$) \_\_\_\_\_

Total Cost (\$) \_\_\_\_\_

## Request Reviewed

Principal \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Superintendent \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Additional comments if necessary.